Infant Toddler Program Operational Procedures for Medicaid DD Services

Administrative support staff and service coordinators play a key role in setting up and maintaining a child's documentation and authorization for Medicaid DD services. This section outlines the technical steps and responsibilities of administrative support and service coordinators when a family applies for Medicaid DD services.

1) The service coordinator (SC) asks admin support to check if the child is Medicaid eligible.
   - If no, **STOP.** Do **NOT** complete this process.
   - NOTE: If the child has Children's Health Insurance Program (CHIP) eligibility rather than Medicaid, the service coordinator and admin support works with the FACS DD policy manager to determine if the child can move to Medicaid eligibility. See **"Verifying Medicaid Rate Codes"** in this section.

2) The MDT team reviews the ITP portion of the ITP/DD Eligibility Checklist.
   - Is the child ITP eligible? If no, refer the family to Developmental Milestones.
   - Before completing the SIB-R, review ITP eligibility and assessment information. Is it likely the child will meet DD or ICF/ID level of care eligibility criteria? If no, do **NOT** move forward with this process.
     - However, if the family wishes to apply for Medicaid DD Services regardless of whether the child is likely to be DD or ICF/ID level of care eligible you will need to continue the application process.

3) The SC (or other MDT member) completes the SIB-R, the DD portion of the ITP/DD Eligibility Checklist, and all other required documents for ICDE.

4) The SC asks admin support to check if the child is still Medicaid eligible.
   - If no, **STOP.** Do **NOT** continue this process.

5) The SC completes the ICDE packet with all required documents and turns it into admin support to send to ICDE – Encryption required.
   - NOTE: The SC may send it directly to ICDE if they have IronPort encryption software

6) The SC completes the following in ITPKIDS:
   - Uploads the scanned ICDE eligibility packet, including the SIB-R Summary Report, as an attachment in the child's record. Also retains hard copy records of the SIB-R Full Scale protocol in the child's file.
   - Selects "Eligibility Information Submitted" and records the From Date (date packet is sent to ICDE) under the DD Eligibility tab in the Case folder.

7) When ICDE determines eligibility a letter is mailed to the family and an email is sent to the ITP Children's DD (ICDE) Regional mailbox within 30 days.

8) The admin support forwards the email to the SC, who in turn contacts the family to set up a meeting.

9) The admin support completes the following in ITPKIDS:
   - Records the End Date for the existing "Eligibility Information Submitted" under the DD Eligibility tab. The end date is one day prior to the date of the child's DD eligibility notice.
   - Selects appropriate eligibility type (DD, ICF/ID, or Not Eligible) and records the From Date (date of the child's DD eligibility notice) under the DD Eligibility tab.
   - If the child is not eligible, **STOP**. Do **NOT** continue this process.

10) At the meeting, an IFSP addendum/plan that includes the DD services and budget costing sheet is developed and signed by the family.
    - NOTE: An IFSP may need to be written prior to receiving the child's ICDE eligibility determination in order to remain in compliance with the 45-day timeline.

11) The SC sends the budget and annual IFSP plan dates to the admin support to enter into QNXT.
    - Option: Use the ITP Children's DD Regional mailbox

12) The admin support enters the information into QNXT as soon as possible and notifies the SC when complete.
    - Select the coverage code from the drop down menu that represents the eligibility category and budget the child has been assigned by the ICDE (Only TRAD DD Levels 1-4 apply for ITP).

ITP Coverage Code Key

QNXT Coverage Code	Eligibility	Budget Amount
TRAD_DD LEVEL 1	DD - HCBS State Plan	$4,900
TRAD_DD LEVEL 2	ICF/ID - Children's DD Waiver	$6,200
TRAD_DD LEVEL 3	ICF/ID - Children's DD Waiver	$8,400
TRAD_DD LEVEL 4	ICF/ID - Children's DD Waiver	$14,900

NOTES:
- The IFSP start date, end date, and annual budget are entered in QNXT. The pro-rated amount of the budget as well as the addendum date will **NOT** be in QNXT.

- Dates for annual IFSP's may vary. However, for QNXT purposes the start dates are fixed for subsequent plan years. For example, if the plan year is initially entered as August 1, 2013, the following authorization will be August 1, 2014, then August 1, 2015.

- For children turning three during the plan year, **enter the day before the child's 3rd birthday as the end date**. The reason being is that a new plan and budget need to start over again at three years of age for the DD program. The DD program cannot use the IFSP. This means it is critical that ITP is coordinating with the DD program 4-6 months prior to the child's 3rd birthday to ensure it is a smooth transition for the family.

13) The SC enters the IFSP addendum/plan information into ITP KIDS.

14) QNXT Manage Program shows the $ amount remaining in the budget, and is required to be checked at 6 month reviews and for any addendums with an increase in the cost of DD services. The SC asks admin support to check QNXT for budget usage to date.

VERIFYING MEDICAID RATE CODES

Medicaid children's DD services require that the child is eligible under a Medicaid Rate Code. The ITP must verify that the child has appropriate coverage in order to bill Medicaid for reimbursement.

Children's Medicaid coverage may change during the year, which could cause the child to lose their eligibility for DD services. For this reason, ITP checks the child's eligibility in QNXT frequently to ensure they remain eligible.

The ITP service coordinator collaborates with the regional admin support to verify the child has a Medicaid rate code:
- Prior to sending the eligibility package to the ICDE
- Prior to writing the IFSP

Children not covered under a Medicaid Rate Code most likely have Children's Health Insurance Program (CHIP) coverage. The CHIP program is NOT a Medicaid program. It is an additional state insurance plan for children whose families exceed Medicaid financial requirements.

When a child is identified as having CHIP coverage, the service coordinator works with Central Office to identify options for the family.

Possible solutions **(Central Office takes the lead and collaborates with SC):**
1) Submit a request to self-reliance who will correct the Rate Code
2) Refer the family to SSI and if qualified will move the child to a Medicaid Rate Code
3) Refer the family to SSI and if they do not qualify financially, refer for Katie Beckett
4) Refer the family to SSI and if they do not qualify based on diagnosis, the child is no longer eligible for Medicaid DD services (they remain eligible for other Medicaid services)

Instructions:

If the child is not under the correct rate code, complete the following steps:

1) Admin support identifies the child has a CHIP rate code in QNXT.

2) Rate codes for CHIP are 80, 81, 86, or 87. (The rate code description will not say "CHIP", but rather "basic" or "enhanced". Only look at the number to identify if it is CHIP).

3) Service coordinator emails Central Office at ertzl@dhw.idaho.gov.
   - Subject line: ITP CHIP Child
   - Message: Name, Date of Birth, and Medicaid ID number (MID#)

4) Central Office checks with self-reliance if the rate code move was in error. If so, self-reliance will move the child to a Medicaid code and Central Office will email the service coordinator that it is updated and to proceed.

5) If self-reliance cannot fix the rate code, Central Office will email the service coordinator to inform them that a letter is being sent to the family instructing them to apply for SSI, and Central Office will send the letter to the family.

6) It is up to the family to apply for SSI, and the service coordinator should follow up with them to ensure they are completing the process. The service coordinator should continue to work with Central Office if questions come up.

7) If the family says they were approved or denied SSI, refer them to Central Office for next steps.
   - If the family is denied SSI due to being over income, the family will be referred for a Katie Beckett review.

8) Central Office will inform service coordinators of the outcome and how to move forward.